

Care 4 U Homecare Agency Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Care 4 U Homecare agency is a domiciliary care agency. At the time of our inspection, the service was providing care to 81 people who were living in their own homes.

People's experience of using this service:

- People told us that they were supported by staff who knew them well. The service was well organised with visits allocated on a geographical basis. This meant people were supported by a small and consistent staff team.
- They said that the care staff were kind, caring and cheerful. One person told us, "They put a smile on my face". We were told that staff were attentive to detail and ensured people were comfortable and content during and after their visits. They told us that staff were generally punctual, but if they were running late they would receive a message telling them so. We were told that some carers would, "Go the extra mile" to ensure their well-being and happiness.
- Staff were diligent to people's safety and security. They demonstrated a good understanding of safeguarding policy and procedures and were vigilant to any signs of abuse. Where risk to people's health, safety and wellbeing had been identified care plans were put in place to manage these risks. Care plans were person-centred and provided staff with the information they needed to provide care and support in a way that met people's needs and preferences.
- Staff selection procedures systems ensured that staff were safely recruited, and ongoing training provided staff with up to date knowledge and understanding of their care and support responsibilities.
- People told us that the care staff had enough time to perform tasks and would spend time listening to what they had to say. They told us that they knew their staff well, and always knew who would be visiting them.
- Medicines were managed in line with good practice guidance, and staff were knowledgeable about control of infection. They liaised with health professionals where necessary to ensure that people received timely medical intervention.
- People told us that they knew how to complain, but those we spoke with said that they had no cause to complain. When we reviewed the complaints log we saw that complaints had been investigated fully and where they had been substantiated appropriate remedies were put in place.
- There were processes in place to monitor the safety and quality of the service, and people were given opportunities to provide feedback on the quality of their support.
- The service had a registered manager in post at the time of our inspection and was supported in the day to day management of the service by an administrator. The management team were open and supportive to staff and understood their responsibilities to operate the service safely and effectively.

The service met the characteristics of good in all areas. More information is in the full report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

Care 4 U Home Care Agency Limited

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one adult social care inspector.

Service and service type: Care 4 U is a domiciliary care agency. It provides personal care to people living in their own homes. Not everyone using Care 4 U received a regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, 81 people were receiving personal care.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 24 hours' notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 27 February 2019 and ended on 28 February 2019. We visited the office location on both days to see the registered manager and director; and to review care records and policies and procedures. We visited six people in their own homes on the first day of our inspection.

What we did:

We reviewed information we had received about the service, this included details about incidents the

provider must notify us about, such as abuse or injuries; and we sought feedback from the local authority and other professionals who work with the service. We contacted the local authority safeguarding and commissioning teams to gather information about the service. They raised no concerns about the care and support people received from Care 4 U. We used all this information to plan our inspection.

During our inspection we spoke with seven members of care staff including the management team, six people using the service, and two relatives. We reviewed five care files, five staff personnel files, medicine administration records and other records about the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People told us they were safe, and that staff ensured their security when entering and leaving their property. One person told us, "I'd be in a mess without Care 4 U. The staff make me feel safe. I am very happy with them".
- The registered manager understood their responsibilities to safeguard people from abuse. The safeguarding procedures were in line with local authority policy and staff understood how to protect people, identify any concerns and report suspicion of abuse.
- Concerns and allegations were acted on to make sure people were protected from harm.
- Staff had been trained in safeguarding and how to recognise the signs of abuse.

Assessing risk, safety monitoring and management:

- There were clear risk assessments in care plans. Where people used equipment such as hoists, slings or slide sheets monthly checks were undertaken, and any faults reported to the appropriate service.
- Risk assessments were linked to the person's support needs and these were reviewed regularly.
- Environmental risks were assessed, including entry, fire risks, heating and lighting.

Staffing and recruitment:

- The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers.
- There were enough care staff to meet the needs of people and deliver a consistent service. Staff were employed to work on specific routes, which ensured people were supported by staff they knew. The registered manager told us that no more than seven or eight people would visit the same person. People told us that they knew all the staff who supported them and when they were on duty. They told us that staff were not rushed and had enough time to spend with them.
- The service used a software application to show each member of staff which visits were scheduled on the day. However, following a missed call the service had recognised this system was not fool proof as it relied on accurate information being inputted. Following this missed call further checks were introduced to minimise the possibility of a reoccurrence.
- All care staff had completed induction training in line with the providers policies and had competency checks to ensure they understood the training provided.

Using medicines safely:

- Some people required assistance to take their medicines. People told us that staff were careful when helping them with this, one told us, "They are very good with medicines, they help me three times a day and they know what the tablets are for and when I need to take them. It's a good job too, because I'd forget or get confused".
- The medicines policy informed staff how to administer, store and dispose of medicines, and staff had signed a copy of the policy to show they had read, understood and followed the procedures.
- When staff administered medicines, they recorded this on a medicine administration record (MAR). We looked at six MAR sheets and saw that they were completed clearly and correctly. Where meds were refused or given by family members this was clearly noted. Spot checks by managers if medicines were provided correctly.

Preventing and controlling infection:

- Care staff had completed infection control training and were issued with personal protective equipment (PPE) such as gloves and aprons. We saw staff coming into the office on the day of the inspection to pick up gloves and aprons and there was a plentiful supply
- Unannounced spot check visits were completed by the manager to ensure care staff followed the infection control procedures and used personal protective equipment (PPE) when carrying out personal care, food preparation and handling.

Learning lessons when things go wrong:

- We saw a copy of the accident form that staff would complete in the event of any injury, significant incidents or near misses. We saw this prompted staff to consider any 'lessons learned'.
- Incidents and accidents were regularly audited to check for trends or patterns, to mitigate further risks.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People told us that they were supported in the way they liked and were encouraged to maintain their independence. They said that the care staff understood and met their needs. One person said, "All the staff know what I need, what I can do for myself and how I like things done".
- When assessing people's needs the service considered any protected characteristics under the Equality Act 2010. For example, people's marital status, religion and ethnicity was recorded. This ensured people did not experience any discrimination.
- Prior to admission, the registered manager met with the person to discuss their needs and wishes. They liaised with relevant professionals to consider how best to support the person.
- Care plans and risk assessments were reviewed and updated accordingly.
- People's calls were usually on time or staff called if they were going to be late. The provider monitored care staff attendance at calls using electronic call monitoring.

Staff support: induction, training, skills and experience:

- All new staff undertook a thorough induction. Any staff new to the caring profession completed the care certificate. This is a professional qualification which aims to equip health and social care staff with the knowledge and skills which they need to provide safe and compassionate care. Staff were supported to undertake further professional qualifications.
- Refresher training helped staff to keep up to date with their knowledge and meet the needs of people who used the service and a training matrix allowed the registered manager to ensure that people remained up to date with their training.
- The registered manager had qualifications to teach moving and handling and care for people with dementia.
- A member of staff told us "I'm trained to give the best service I can. I'm very satisfied with the level of training I get, it's all very good".
- Team leaders were supervised by the registered manager and provided regular supervision in turn to care staff. In addition, they completed regular spot checks to ensure that services were delivered consistently to a high standard.

Supporting people to eat and drink enough to maintain a balanced diet:

- Staff recognised the importance of helping people to maintain a good diet, and we saw care plans indicated how to ensure good nutrition and hydration. They were trained in nutrition and

hydration and the importance of keeping people healthy and eating a balanced diet. One care worker told us, "It's not just a matter of going in and throwing some food on the table", and people told us that staff prepared food in the way they liked.

- We saw people's preferences and requirements were recorded within people's files.
- Where required staff recorded how much and what a person drank. This information was then used to ensure appropriate healthcare was sought if needed.

Staff working with other agencies to provide consistent, effective, timely care:

- The service worked with other community stakeholders, such as the housing provider, social workers, local authority and medical professionals, to ensure effective care for people and that their needs and wishes were met.
- People told us that there was continuity of care. People had visits from regular care staff. This meant they were supported by people who were familiar with them and knew how they liked their needs to be met.

Supporting people to live healthier lives, access healthcare services and support:

- People told us that care staff liaised with health care professionals such as doctors and district nurses to ensure timely and appropriate intervention.
- Staff monitored people's health and recorded any changes in daily reports.
- One person told us that their care worker had supported through a recent anxious period and advocated on their behalf to ensure that they were given the right medical support, they told us that having the care and support was a tremendous help.

Ensuring consent to care and treatment in line with law and guidance:

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
- Staff had received training to ensure their knowledge and practice reflected the requirements set out in the MCA.
- Each person using the service who had capacity and had been involved in decision making about their care. Care files included consent forms, which people had signed to agree to the care and support provided.
- People we spoke with confirmed staff sought their consent before undertaking any care task or entering their flat. They told us that staff would always offer choices around how their care was provided.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- People spoke positively about the care they received. One person said, "I'm very lucky to have [my carers]. I have no complaints. I am very happy". Another told us, "They put a smile on my face".
- Staff showed their care for the people they supported. For example, one care worker returned to visit and stay with a person who was poorly after their shift had finished. In heavy snow staff walked to work to ensure the people they supported were not left without care. They showed empathy for people, for example, one care worker told us "it's the little things, like straightening the curtains. When people are sitting in the same spot all day, things like that can bother them".
- During our inspection we observed staff interacting with people with kindness and genuine warmth. They showed a good understanding of their preferences and addressed them by their preferred name or terms of endearment. Interactions were respectful.
- People told us that the staff had time to spend with them and had got to know them well.
- Care staff were respectful when speaking about people and were considerate of the equality and diversity needs of people including protected characteristics. Care staff actively considered people's cultural or religious preferences. Staff received training in equality, diversity and inclusion.
- All the staff we spoke with told us they enjoyed their work. One care worker told us, "It doesn't matter how we're feeling. When we go in to see people and help them, it puts a smile on our face. They've become our friends".

Supporting people to express their views and be involved in making decisions about their care:

- People told us that they were actively involved in all aspects of their care and could say how they wanted their care to be delivered. One person remarked, "They listen to what I've got to say. They are interested in me, and they respect my decisions".
- None of the people who used the service at the time of our inspection had an advocate, staff told us they would share information about local advocacy organisations with anyone who they felt may benefit from independent support with decision making.
- Care plans identified people's needs and wishes and were reviewed as needs changed. People and their relatives were involved in reviews of their care plan.

Respecting and promoting people's privacy, dignity and independence:

- Staff understood people individual circumstances and met needs in a person-centred way. They told us that they 'followed the lead' of people; one care worker told us that they supported people's independence, but, "Some days they are better than others. We need to support them to go at their own pace and encourage them to do as much as they can. Sometimes that's everything, other days they don't need a lot of help".

- Consideration to privacy and dignity was embedded in care plans and staff showed a good understanding of the importance of respecting people's privacy, dignity and independence.
- Records were stored securely and managed in line with the General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals.
- The provider was proactive in ensuring that they complied with Accessible Information Standards. These are standards introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand, such as the use of large print in care documents.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Each person who was supported by Care 4 U had a well-ordered care record which detailed their needs and how they would wish to be supported. Separate care plans divided into sections detailed the specific care requirements and levels of intervention required to support person. When we spoke with staff they were able to tell us the individual characteristics and habits of the people they supported. However, this information was not always readily available in care records which meant that anyone unfamiliar with the person may have been unprepared for the issues they might come across. We raised this with the registered manager who agreed to review care records to take into account any specific characteristics relating to the individual.
- Staff knew people's likes, dislikes and preferences. They used this information to care for people in the way that they want to be supported.
- The service responded well to changes in need. For example, where a person began to self-neglect there was evidence in care records of liaison with the social work team and mental health services to review the provision of care to encourage the person to manage their needs with appropriate levels of support. Care plans were regularly updated. Staff told us that they were informed of any changes before they visited the person.
- Any specific risks were assessed, and where risk was identified detailed instruction as to how to minimise the risk were included in care plans.
- People's ability to communicate was recorded in their care plans, to help ensure their communication needs were met.
- People were supported to maintain their independence. For example, one person told us, "[Care staff] help to keep me active. My carers always take me for a little walk on their visits". They told us that this had helped improve their health and well-being, and that they enjoyed the time they spent outside "these four walls".

Improving care quality in response to complaints or concerns:

- There was an appropriate complaints management system in place. We saw from the complaints record that all complaints had been investigated and the outcome of the investigation reported back to the complainant. Where they had been substantiated corrective action was taken and an apology given. We saw that following one complaint about a missed call the system for allocating calls was reviewed and procedures revised to prevent any future occurrence.
- When we asked, people told us that they knew how to complain. One person told us, "I've no complaints. If I did I'd write to the officer in charge, we have the contact details".

End of life care and support:

- At the time of our inspection, no one was receiving end of life care. The registered manager explained how they would develop and implement end of life care plans with people when they were required.
- Staff we spoke with gave examples of how they had supported people and their relatives to have a dignified and pain free death, including liaison with district nurses and medical staff to ensure equipment was in place, and spending time with people in their final hours. They told us that they were supported to attend funerals if they wished to pay their final respects.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- During our inspection staff reflected a friendly open and transparent culture and the people we spoke with told us they believed the service provided high quality person centred care.
- People told us they had regular contact with senior staff and managers either through visits and spot checks or telephone calls from the office.
- The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager understood their duty to report any issues affecting the service, such as safeguarding concerns or serious incidents to the Care Quality Commission (CQC).
- Policies and procedures were regularly revised to ensure that they stayed in line with current legislation and best practice.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The service had a clear management structure, with the registered manager being supported by an administrator. Scheduled visits were allocated within geographical areas, and team leaders oversaw the staff in each 'run'. This ensured continuity of care and staff worked well with one another.
- Staff spoke positively about working at the service and the support received to carry out their roles. They told us that they felt they were well supported; for example, one person told us, "we have marvellous managers. If you're fed up and grumpy you can come in and have a moan to them". All the staff we spoke with told us the management team were approachable at any time, and they felt welcome to call them or drop in to the office at any time.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, continuous learning and improving care:

- People were asked to comment on the service they received during spot checks, and Care 4 U completed annual surveys. At the time of our inspection they were hoping to move to six monthly questionnaires, so they could better gauge the quality of their service. We saw that there had been a good response to the most recent survey, with well thought out replies. Whilst most of the response was positive, where comments or suggestions had been made these were addressed and the registered manager responded personally to each comment, detailing the action they intended to take. However, we discussed with the

registered manager how more detailed analysis of the information provided could identify general areas where the service could improve. The registered manager agreed to review how they analyse information about the quality of care and support.

- Care staff were seen to be engaged and involved. Staff meetings were held every six months, or sooner if the need arose, and well attended. We saw minutes from the most recent meeting showed staff participated in discussions, and staff told us that they felt able raise and discuss issues at these meetings. They told us they had opportunities to suggest ideas or voice opinions on how the service operated.

Working in partnership with others:

- The service worked closely with commissioners to ensure that the service they provided was consistent with local authority and national guidelines and met the assessed needs of people who used the service.
- The registered manager and administrator attended local care provider forums to ensure that they maintained up to date knowledge and understanding of current best practice.
- Records showed that staff communicated effectively with a range of health care professionals to ensure that the person's needs were considered and understood so that they could access the support they needed.